

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 3 1 6 2
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1481

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Ellisville TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Village of Oakland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium				Length of stay in lb 2Mos.		d. STREET ADDRESS 1001 E. Big Bend Rd. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Alma Middle McIlwain Last Richardson				4. DATE OF DEATH Month June Day 9 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 2, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Black Lick, Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown Mc Ilwain				14. MOTHER'S MAIDEN NAME Eliza Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT James A. Richardson Address 443 E. Bodley	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO-SCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIO-SCLEROSIS DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PULMONARY TUBERCULOSIS; COR PULMONALE						INTERVAL BETWEEN ONSET AND DEATH: 12 YEARS	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from Feb. 12, 1957 to June 9, 1957 and last saw her alive on June 3, 1957 Death occurred at 2:40 3:4 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Alma McIlwain Richardson M.D.				22b. ADDRESS Pittsburgh, Penna.		22c. DATE SIGNED 6-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/10/57		23c. NAME OF CEMETERY OR CREMATORY Allegheny Cemetery		23d. LOCATION (City, town, or county) (State) Pittsburgh Penna.	
24. FUNERAL DIRECTOR Pfitzinger		ADDRESS Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. 6-10-57		26. REGISTRAR'S SIGNATURE Herbert A. Dombrowski	

(Licensed Embalmer's Statement on Reverse Side)

M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING,
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.